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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS**INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE**CARMELLA SABAUGH
MACOMB COUNTY CLERK

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed
by the treasurer or designated record keeper

1. Committee I.D. Number 13700850		3. This Statement covers From: <u>01/01/09</u> To <u>12/31/09</u>	
2. Committee Name Citizens for responsive and ethical government		4. Committee's Mailing Address 39295 Rivercrest Harrison Township, MI. 48045 Area Code and Phone <u>(586) 468-7725</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	
5. Treasurer's Name and Residential Address James Ulinski 39295 Rivercrest, Harrison Township, MI. 48045 Area Code and Phone <u>(586) 468-7725</u>			
6. Treasurer's Business Address same as above Area Code and Phone		7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) same as above Area Code and Phone	
8. TYPE OF STATEMENT: APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE LEVEL</u> 8a. <u>TRIANNUAL STATEMENTS</u> Even Year Odd Year <input type="checkbox"/> April 25 <input type="checkbox"/> January 31 <input type="checkbox"/> July 25 <input type="checkbox"/> July 25 <input type="checkbox"/> October 25 <input type="checkbox"/> October 25 8b. <u>QUARTERLY STATEMENTS</u> CAUCUS COMMITTEES (ONLY) <input type="checkbox"/> January 31 <input type="checkbox"/> April 25 <input type="checkbox"/> July 25 <input type="checkbox"/> October 25 8c. <input type="checkbox"/> SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT		APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>COUNTY LEVEL</u> 8d. <input checked="" type="checkbox"/> ANNUAL STATEMENT (Coverage Year) 8e. <input type="checkbox"/> PRE-ELECTION OR 8f. <input type="checkbox"/> POST-ELECTION Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> CONVENTION <input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input type="checkbox"/> CAUCUS Date of Election, Convention or Caucus: _____ APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE AND COUNTY LEVEL</u> 8g. <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended) 8h. <input type="checkbox"/> DISSOLUTION OF COMMITTEE Effective Date of Dissolution _____ By checking this item, I/we certify that the committee has no asset or outstanding debts, including late filing fees. Further, I request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 2B and the Summary Page.	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.			
9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record Keeper		James Ulinski Type or Print Name Signature Date <u>01/30/10</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number **13700850**

2. Committee Name **Citizens for Responsive and Ethical Government**

**SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative for Calendar Year
3. Contributions			
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$	210.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	210.00	(18.) \$ 210.00
4. Other Receipts (Schedule 2A-1, Column 6)		(4.) \$	0.00
(19.) \$		0.00	
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)		(5.) \$	210.00
IN-KIND CONTRIBUTIONS		(20.) \$	210.00
6. In-Kind Contributions			
a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$	0.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$	NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)		(7.) \$	0.00
EXPENDITURES		(21.) \$	0.00
8. Expenditures			
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$	210.00	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$	0.00	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$	0.00	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$	0.00	
e. Subtotal of Expenditures	(8e.) \$	180.00	(22.) \$ 180.00
9. Independent Expenditures (Schedule 2B-1, Column 7)		(9.) \$	0.00
(23.) \$		0.00	
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)		(10.) \$	180.00
IN-KIND EXPENDITURES		(24.) \$	180.00
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)			
(11.) \$		0.00	(25.) \$ 0.00
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 2E)	(12a.) \$	80.00	
b. Owed to the Committee (Schedule 2E)	(12b.) \$	0.00	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)			
(13.) \$		5.00	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)			
(14.) +		210.00	
15. SUBTOTAL Add lines 13 and 14			
(15.) =		215.00	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)			
(16.) -		180.00	
17. ENDING BALANCE (Subtract line 16 from line 15)			
(17.) \$		35.00	*

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 2A**

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 13700850

2. Committee Name Citizens for responsive and ethical government

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10/20/09
Name & Address:

Michael Sessa
29559 Riverside Bay Ct.
Harrison Township, MI. 48045

\$ 50

\$ 50

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation retired Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10/20/09
Name & Address:

James Ulinski
39295 Rivercrest
Harrison Township, MI. 48045

\$ 50

\$ 50

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10/23/09
Name & Address:

James Ulinski
39295 Rivercrest
Harrison Township, MI. 48045

\$ 80

\$ 130

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser

3. Contribution # 4
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 12/18/09
Name & Address:

Matt Eineman
39765 Chart
Harrison Township, MI. 48045

\$ 30

\$ 30

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

\$210.00

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

\$210.00

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number **13700850**

Citizens for Responsive and Ethical Government

2. Committee Name

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: Office Max Gratiot Ave. Roseville, MI	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	10/23/09 Date	\$ 180	\$ 180
4. Purpose: <u>literature</u> <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		
Expenditure #2 Name & Address:	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	_____ Date	\$ _____	\$ _____
4. Purpose: _____ <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		
Expenditure #3 Name & Address:	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	_____ Date	\$ _____	\$ _____
4. Purpose: _____ <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		
Expenditure #4 Name & Address:	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	_____ Date	\$ _____	\$ _____
4. Purpose: _____ <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		

Subtotal this page

180

Grand Total of all Schedules 2B
(Complete on last page of Schedule)

180

Enter this total
on line 8a of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS
SCHEDULE 2E**

POLITICAL OR INDEPENDENT COMMITTEE

1. Committee I.D. Number 13700850

2. Committee Name Citizens for Responsive and Ethical Government

This Schedule itemizes:

- a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: James A. Ulinski 39295 Rivercrest Harrison Township, MI. 48045	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 10/23/09 6. <u>Original Amount of Debt</u> \$ \$80.00	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ \$0.00	\$ 80 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Page Subtotal (Outstanding debt)				80
Grand Total of all Schedules 2E (Complete on last page of Schedule showing amounts owed by or to the committee.)				80

Enter this total on
line 12a "owed
by", or line 12b
"owed to" of the
Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.